

## INSTRUCTIONS FOR PREPARATION OF SF 52-B

### Part A - Requesting Office

### Instructions

#### Block :

- |   |   |
|---|---|
| 1. Action Requested:<br>LWOP  | Nature of request - Appointment ,<br>Promotion, Reassignment, Resignation,<br>Detail, etc. (this block completed only<br>when action pertains to an individual)<br>(See Note 1)   |
| 2. Request Number:  | Leave Blank   |
| 3. For Additional Information Call:   | Name and telephone number of person<br>who can provide information.   |
| 4. Proposed Effective Date:   | Enter date on which action is desired.<br>For: Promotions and Reassignments,<br>use the first day of the next pay period.<br>(see note 2) Separations, show the last<br>date the technician will be on the rolls.<br>Use military format, i.e., 21 Sep 97 .<br>For Advertisements - Leave Blank |
| 5. Action Request by (Signature, Title, Date)<br>the<br>LWOP,<br>Reassignment will<br>Supervisor will | Signed by the person initiating<br>action. Individual requesting<br>Resignation, or Vol.<br>sign here. First-Line<br>initiate all other actions.  |
| 6. Action Authorized by (Signature, Title, Date)  | Signed by next higher level supervisor.   |

### Part B - For Preparation of SF-50

- |                    |                                      |
|--------------------|--------------------------------------|
| 1. Name:           | When applicable                      |
| 2. SSN:            | When applicable                      |
| 3. Date of Birth:  | Use military format, i.e., 21 Sep 97 |
| 4. Effective Date: | Leave Blank (For HRO use)            |
| 5-A. through 6-F.  | Leave Blank                          |

## INSTRUCTIONS FOR PREPARATION OF SF 52 (Continued)

|  |  |
|--|--|
| 7. From: Position Title & Number                     | When applicable (See item 15)  |
| 8. through 13.                                       | When applicable  |
| 14.& 22. Name & Location of Position's Organization: | Military Department of Nebraska<br>Office of the Adjutant General                        |
| 15. To. Position Title & Number                      | Enter official position description title, number,<br>SPMD No., FAC                      |
| 16.& 17. Pay Plan & Occupational Code:               | Show pay plan and occupational series shown<br>on the official position description.     |
| 18. Grade or Level:                                  | Indicate grade assigned, could be different than<br>grade shown on position description. |
| 19., 20., 21.  | Leave Blank  |
| 23. through 31.                                      | Leave Blank  |
| 32. Work Schedule:                                   | Fill in block with the appropriate letter.   |
| 33. Part-time hours:                                 | Leave blank.   |
| 34. Position Occupied:<br>number.                    | Fill in block with the appropriate   |
| 35. through 38.                                      | Leave Blank.   |
| 39. Duty Station:                                    | Enter location of Technician's official<br>duty station - city and state.                |
| 40. through 51.                                      | Leave Blank.   |

### PART C—Reviews and Approval

|   |             |
|---|-------------|
| 1. A. Completed by: Army-Cmd Admin Officer / Air-Air Commanders |             |
| 1.B,C,D,E,F   | Leave Blank |
| 2. Signature  | Leave Blank |

### Part D - Remarks

Must indicate authorized military compatibility data as appropriate (show Unit, UIC, AFSC/MOS, Position title and number, Military grade, etc. Add any additional information that will help to clarify your request.

1,2,3,4,5. must be completed, dated and signed by the Technician.

Part F - Remarks for SF 50 (as necessary)

Note 1: On new appointment, if the Technician has prior active military service, a copy of all DD Form 214s must accompany appointment SF 52.

Note 2: SF 52s are to be received by the HRO 10 workdays prior to the requested effective date.